Government. However, no formal representation has been received from the Indian Medical Association.

(c) Under administrative instructions, tobacco smoking is prohibited in Hospitals, dispensaries and other health care stablishments, educational institutions. Conference Rooms, domestic air flights, air-conditioned chair cars and Air-conditioned sleeper coaches in trains, suburban trains and air-conditioned buses under the control of Government of India. Smoking has also been prohibited in public places and public conveyances in the National Capital Territory of Delhi. In addition the following measures have been taken to discourage consumption of Tobacco:—

(i) As per the Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975 it is mandatory to display health warning on all cartons/packets of cigarettes.

(ii) Under the Prevention of Food Aduheration Rules, 19SS a warning 'Chewing of tobacco is injurious to health' is mandatory.

(iii) Direct advertisements relating to tobacco or tobacco related products are prohibited on Doordarshan.

(iv) Health Education.

Recommendations of the Task Force on Food Laws

1734. SHRI BANGARU LAXMAN:

SHRIMATI ANANDIBEN JETHABHAI PATEL:

Will the PRIME MINISTER be pleased to stated:

(a) whether recommendations of the Task Force on Food Laws made in 1996, have been considered by Government;

(b) if so, the details of the recommendations made by the Task Force and the areas in which these are likely to be implemented; and

(c) whether these recommendations would have any bearing on the Prevention of Food Adulteration Act, 1954?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) The recommendations of the Task Force on Food Laws have been considered at various levels in Government. The main areas covered by the recommendations relate to upgradation of the infrastructure and laboratory standar-'s required to implement the food laws, standardisation of analytical techniques, licensing of vendors, development of sound industrial practices and strengthening of the Prevention of Food Adulteration (PFA) set up. The recommendations also include ammendments to the existing law like change in the title of the Act; definition of food; providing one counter-part of the sample to the vendor and gradation of penalty clauses. A number of measures recommended by the Task Force have already been included in project for Capacity Building of the organisation for prevention of Food Adulteration which is presently under formulation. Other legal provisions have been proceeded by a 'Committee of Experts for consideration of Government.

(c) The report was intended to deal with the amendments needed in the Prevention of Food Adulteration Act, 1954, to improve the working of the Act to bring it in harmony with the needs of present day society and generally to rationalise its content.

शिशु आहार और पेय पदार्थों की गुणवत्ता की जांच

1735. **श्री अजीत जोगी** :

श्री मूलचन्द मीणा :

क्या **प्रधान मंत्री** यह बताने की कृपा करेंगे कि **:**

(क) क्या सरकार शिशु आहार और पेय पदार्थों की गुणवत्ता की नियमित रूप से जांच करती है **;**

(ख) यदि हां, तो गत एक वर्ष के दौरान घटिया शिशु आहार बेचे जाने संबंधी कितने मामलों का पता चला है; और

(ग) दोषी पाए गए कंपनियों के विरुद्ध क्या कार्रवाई की गई है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती रेणुका चौधरी) : (क) और (ख) वर्ष 1994 की वार्षिक रिपोर्ट के अनुसार देश में शिशु आहार के कुल 136 नमूने एकत्र किए गए । इनमें से एक नमूना अपमिश्रित पाया गया । तथापि अरूणाचल प्रदेश, असम, गोवा, महाराष्ट्र, त्रिपुरा और दमन और दीव से प्राप्त सूचना के अनुसार वर्ष 1995-96 के दौरान कुल 59 नमूने एकत्र किए गए और सभी नमूने विनिर्देशों के अनुरूप पाए गए ।

(ग) दोषी व्यक्तियों के विरुद्ध सम्बन्धित राज्य सरकार द्वारा खाध अपमिश्रित निवारण अधिनियम 1955 और उसके अन्तर्गत बने नियमों के अन्तर्गत कार्रवाई की जाती है ।

Gujarat Towns with High Endcmicity of Malaria

1736. SHRI AHMED PATEL: Will the PRIME MINISTER be pleased to state:

(a) whether Government have identified some towns in Gujarat which have high cndemicity of malaria;

(b) if so, the details thereof; and

(c) what specific measures have been initiated in those towns to fight the malaria manace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The towns of Ahmedabad, Bharuch, Dohad, Godhra and Vadodora, where malaria situation is serious and the slide positivity rate is more than 10% have been identified as high risk urban areas in Gujarat.

(c) The specific measures to contain malaria in these towns are:—

1. Early case detection and prompt treatment with appropriate antimalarial drugs, through hospitals/dispensaricv' malaria clinics etc.

2. Antilarval measures through rc-cur-rent weekly lurviciding with chemicals and bio-environmental measures are undertaken.

3. Intansification of Information, Education and Communication activities for mobilising active community participation.

4. Observance of Anti-Malaria Month in June every year beginning from June, 1997 to create public awareness about prevention and containment of malaria and other vector boms diseases and to propagate the theme "Malaria Control Everyone's Concorn" to make it a people's movement in the country.

5. For additional inputs to intensify antimalaria activities, these towns have also been included under Enhanced Malaria Control Project for World Bank support, which has been negotiated Successfully.

Thalassacmia Disease in Gujarat

1737. SHRI AHMED PATEL: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that recent studies have shown that children born of Gujarat couples are more prone to thalassacmia disease;

(b) if so, the details thereof and the reasons attributed therefor;

(c) whether Government have conducted any survey to find out the number of thalassacmia patients in Gujarat;

(d) if so, the details thereof; and

(e) the remedial and other measureas being taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) As per information received from ICMR, studies